BRIEF

Health Impact Assessment of the Lenacapavir Rollout for Adolescent Girls and Young Women in Informal Market Trading Areas of Loro and Aber Sub Counties, Oyam District, Uganda[1]

October 2026

Key Messages

Health Impact Assessment (HIA) is a tool using internationally recognised methods to assess health impacts of and recommend improvements to activities and policies that affect wellbeing. This HIA assessed Uganda efforts to introduce lenacapavir (LEN), an HIV prevention injection given every six months, in Oyam District for adolescent girls and young women (AGYW). Uganda introduced LEN in April 2026, and the next round of about 196 sites will be chosen in November 2026. No health facility in Oyam District offers LEN. An estimated 10,400 AGYW aged 15 to 24 in Loro and Aber sub counties would have to travel to Lira, about 78 km away, for each dose. AGYW are named as a priority group in the revised national guidelines, but young women who trade in, or depend on, informal markets risk being left out. Knowledge is low among both AGYW and decision makers. The HIA recommends four low-cost actions:



AGYW information sessions in Oyam District, Hopestone, 2026

i. **Bring LEN within reach** - add AGYW trading centres to its site nominations, designate at least one Health Centre III in each of Loro and Aber as a LEN site and in the interim pilot market day outreach with transport support for second doses.
ii. **Count AGYW in trading settings** beyond key population hotspots to apply the existing AGYW priority in practice
iii. **Take information to markets** through peer educators drawn from young traders in market day sessions, provide LEN information in existing HIV testing points chosen with AGYW
iv. **Prepare staff and ensure buffer LEN stocks** at each new site, training all staff who serve AGYW in confidential, adolescent friendly care.

The context

Informal markets are where many young women earn a living. In 2021, 94% of employed women in Uganda worked in the informal sector (1), and market trading has been linked to higher HIV prevalence and to transactional sex (2, 3). Of 15,000 young people who acquired HIV in Uganda in 2023, about 80% of them were AGYW (5). Oyam District had an estimated 438 new HIV infections in 2023, and AGYW prevalence was 6.3% (5,6). Young women in Oyam face a range of sexual and reproductive health risks, but do know where to access an HIV test, with 72% having been tested (11). Following a 2024 trial in South Africa and Uganda that showed that LEN gave complete protection to the young women who received it (7), the World Health Organization recommended it in July 2025 (8). Uganda launched LEN at Lira Regional Referral Hospital on 17 April 2026 (9) and revised its national PrEP and PEP guidelines to include it (4). Doses are scarce, with supplies in April to August 2026 falling well short of demand and opening debate on the fairness of the rollout (10). The rollout has thus been phased, with about 104 sites by June 2026 and a target of 300 by December 2026 (10). This brief thus refers to the revised guidelines and phased site plan in reference to the LEN rollout.

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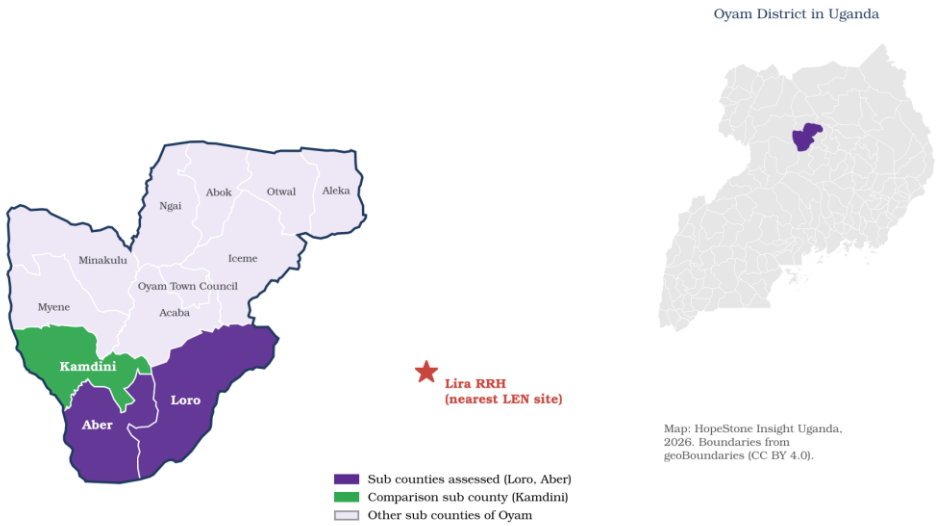
[1] This brief was produced by Christopher Kanyemibwa and Ruth Akulu of HopeStone Insight Uganda (HIU) as a team in the EQUINET Regional Health Impact Assessment Course 2026, coordinated by the Training and Research Support Centre (TARSC) within EQUINET. The work was reviewed by course mentors Dr Rene Loewenson (TARSC), Sarah Simpson and Connie Walyaro, with writing review by John Mwendwa. It summarises the full HIA report, which is being tabled with the relevant authorities. www.equinetafrica.org.

The Health Impact Assessment

With the roll out already in process, this concurrent HIA was implemented between July and October 2026 during the 2026 EQUINET regional training programme on HIA. It used an internationally recognised five-stage method (14): screening to identify feasibility, the causal pathways and focus of the HIA; scoping to identify the sources and forms of evidence; a profiling and assessment stage to identify the direction, magnitude, severity, likelihood and on this basis the significance of the health impacts assessed; and the setting of recommendations for significant impacts; and steps to report and communicate the HIA and propose areas for monitoring impacts and of implementation of the recommendations.



Oyam District, the sub counties assessed and the nearest LEN site. Source: HIU, 2026, from geoBoundaries (CC BY 4.0).

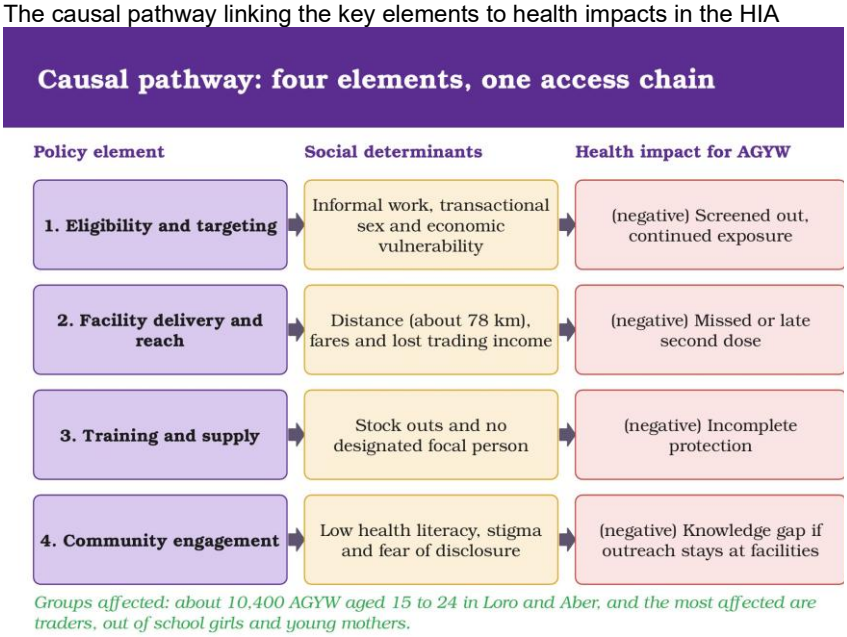
The HIA focused on four key elements:

1. Eligibility and targeting criteria.
2. The facility delivery model and its reach into Loro and Aber.
3. Health worker training and the supply chain, and
4. Community engagement and demand creation.

The assessment drew evidence from a desk review of published studies, national survey estimates for Oyam District and fieldwork in August 2026 covering interview of 345 community respondents, 25 health workers at Loro, Aber and Kamdini facilities, and 8 district officials, giving reasonable confidence in the findings.

A causal pathway shown in the figure adjacent was developed from background information, showing how each element affects the health of AGYW through the social determinants of health (SDH) and was used as a framework for data collection.

The causal pathway linking the key elements to health impacts in the HIA



Findings of the HIA on health impacts

The HIA pointed to health impacts for the pathways in each of the four areas assessed, identifying their significance from their positive or negative direction of impact, and the magnitude, severity and likelihood of health impacts of the current rollout in AGYW in Oyam District.

Firstly, in relation to **eligibility and targeting,** the revised guidelines name AGYW aged 15 to 24 as a priority group, alongside fishermen, truck drivers and pregnant and breastfeeding women (4). In Oyam, however, district officials said they had no clear direction on how to nominate sites and understood LEN to be allocated to key population hotspots, such as the Kamdini truck stop. If that is the understanding that guides site choices, young women whose risk comes from trading and transactional sex may be left out. This means that they remain exposed even when new sites open. This was judged from the evidence to be **a high priority.**

In relation to **facility delivery and reach** into Loro and Aber, there is no LEN site in Oyam District. AGYW seeking LEN are thus referred to Lira Regional Referral Hospital. Each visit costs a fare and, for a trader, a lost market day. Yet 51.4% of young women in Oyam report that getting money for care is a big problem (11). The likely impact of the lack of a close, accessible service is missed or late second doses and continued HIV exposure for those who cannot travel. This finding is highly likely and of high magnitude. It affects every AGYW in the two sub counties, and the decision window closes with the November round.
This was thus judged to be **the highest priority.**

In relation to **Health worker training and commodity supply (needed at designation),** Lira Regional Referral Hospital ran out of its first 40 doses within three days of the launch (12). Further, more than 100 facilities had run short by August 2026 (13). Loro and Aber facilities offer oral PrEP and PEP but have no designated adolescent or HIV focal person, unlike Kamdini Health Centre III. Without trained staff and buffer stock, a new site could leave young women with incomplete protection. This was thus judged to be **a medium priority.**

Finally on **Community engagement and demand creation**, only 39.6% of young women in Oyam have comprehensive HIV knowledge, although 89.6% know where to get an HIV test (11). Information had also not yet reached decision makers. For example, one district official in key informant interviews mistakenly thought LEN was a treatment. Health workers said girls fear that staff will tell their parents, although some staff felt this fear was exaggerated. The findings suggest that services are not yet acceptable to many adolescents. Outreach that stays inside facilities will miss traders on market days and may leave young women unaware that LEN does not prevent other infections or pregnancy. Community engagement was thus judged from the evidence to be **a high priority.**



Information sessions in Oyam District, 2026. Source: HopeStone Insight

Recommendations from the HIA

Based on the findings, various actions are recommended. The recommendations are listed in order of priority, and each can be delivered at low cost within existing structures.

As immediate actions, before the November 2026 round

- **Bring LEN within reach.** The HIA recommends that Oyam District Health Office add AGYW trading centres to its site nominations, and that the MOH PrEP and PEP Coordination Unit and the Uganda AIDS Commission designate at least one Health Centre III in each of Loro and Aber as a LEN site. Until then, HopeStone Insight Uganda can pilot market day outreach with transport support for second doses.

- **Count AGYW in trading settings.** The HIA recommends that MOH and the Uganda AIDS Commission give districts clear guidance on nominating sites in a way that applies in practice the existing priority given to AGYW. This requires that AGYW in trading centres and other informal settings be counted, and not only key population hotspots.

Ongoing and at designation

- **Take information to markets.** It is recommended that peer educators be drawn from young traders to lead market day sessions, and that existing HIV testing points carry LEN information. The places for information outreach can be chosen with AGYW and without attendance lists or materials that label participants. These sessions and information materials should explain clearly what LEN does and does not prevent.

- **Prepare staff and stocks.** At each new site, it is recommended that all staff who serve AGYW be trained in confidential, adolescent friendly care, and that a focal person be named to manage stocks and that buffer stocks be held from the first day.



Interviews and facility data collection in Oyam District, 2026. Source: HopeStone Insight

The HIA proposes monitoring of the recommended actions and their outcomes. Progress can be monitored on key actions by December 2026, including whether sites are designated, on days of stock outs, on whether focal persons have been trained, and on the number of AGYW receiving LEN by occupation, and second doses given on time.

Acting on these findings now would give an estimated 10,400 young women a LEN site within reach. The same approach could guide site planning in other districts where young women depend on informal markets.

References

As cited in the brief. Further references and field work data are cited in the full report.

1. Uganda Bureau of Statistics. (2024b). *Women in the labour force in Uganda*. UBOS.
2. Chang, L. W., et al. (2016). Heterogeneity of the HIV epidemic in agrarian, trading, and fishing communities in Rakai, Uganda. *The Lancet HIV, 3*(8), e388–e396. https://doi.org/10.1016/S2352-3018(16)30034-0
3. Wamoyi, J., et al. (2016). Transactional sex and risk for HIV infection in sub Saharan Africa: A systematic review and meta analysis. *Journal of the International AIDS Society, 19*(1), 20992.
4. Kyotalengerire, A. (2026, April 24). *HIV/AIDS: Uganda rolls out new PrEP, PEP guidelines*. New Vision.
5. Uganda AIDS Commission. (2024). *Uganda HIV and AIDS factsheet 2024*. Uganda AIDS Commission.
6. Namuwenge, N., et al. (2025). Comparison of HIV prevention indicators among adolescent girls and young women in DREAMS and non DREAMS districts in Uganda. *PLOS ONE, 20*(4), e0321277.
7. Bekker, L. G., et al. (2024). Twice yearly lenacapavir or daily F/TAF for HIV prevention in cisgender women. *New England Journal of Medicine, 391*(13), 1179–1192. https://doi.org/10.1056/NEJMoa2407001
8. World Health Organization. (2025). *Guidelines on lenacapavir for HIV prevention*. WHO. Geneva
9. Ministry of Health. (2026). *Uganda expands HIV prevention choices with lenacapavir, an HIV prevention drug* [Press statement].April 17. https://health.go.ug/press-statements/
10. Health Journalists Network Uganda. (2026, August 8). *Uganda expands lenacapavir rollout as demand for HIV prevention injection grows*. https://hejnu.ug/uganda-expands-lenacapavir-rollout-as-demand-for-hiv-prevention-injection-grows/
11. Uganda Bureau of Statistics & ICF. (2018). *Uganda Demographic and Health Survey 2016* [Oyam District estimates for women aged 15 to 24 analysed by the HIA team]. UBOS and ICF.
12. Musenze, J. (2026, May 5). *High demand depletes HIV prevention drug in Lira as nationwide distribution lags*. New Vision.
13. Mudondo, B., & Namagembe, S. (2026, August 13). *HIV new drug gains ground as Uganda awaits about 7,600 doses*. Daily Monitor.
14. WHO. (2023). "Health impact assessment (HIA) tools and methods. WHO, Geneva